



Phone:
Fax:
www.ides.state.il.us

TTY:

Date Mailed:
Appeal Due Date:
Claimant SSN:
Claimant Name:

Notice of Employer Benefit Charges

In connection with the claim for unemployment insurance benefits filed by the above named claimant, the following decision has been made with respect to your chargeability. :

You previously received a Notice of Claim to Last Employer which designated you as the benefit chargeable employer on this claim. The claims adjudicator now decides that you are not the last employer subject to benefit charges. Any benefit charges resulting from this claim will be removed from your account.

You did not employ the claimant for 30 days from the beginning of (his/her) base period through the beginning of the benefit year.

You are not the single employer who paid wages to the claimant which resulted in (his/her) requalification.

The claimant voluntarily quit without good cause attributable to the employing unit.

The claimant was discharged for misconduct connected with (his/her) work.

The claimant refused to accept an offer of work or to apply for work without good cause.

Our records indicate that you did not submit a protest of your chargeability giving the required information for this claimant within the time limit prescribed by this RULE. The information you submitted was, however, considered when the above decision was made. This letter is sent to you for information only. Under the provisions of RULE 2765.335, this notice may not be the basis of an appeal.

APPEAL RIGHTS: Since you have not established party status by filing a timely protest, you do not have appeal rights on this decision. If you disagree with this information regarding the timeliness of your protest, you may file an appeal under Section 702, Rights to Determination. This appeal may be filed in person or by mail in this office within thirty (30) days after the date of this notice. Any appeal submitted by mail must bear a postmark date within this time limit. If the last day for filing your appeal is a day that the office is closed, the appeal may be filed on the next day the office is open.

If you desire any further information concerning this claim, please communicate with the IDES Representative at the local office or phone number indicated on this form.

Representative

Routing: Employer Copy Local Office Copy